

Eyesight and colour vision report

Last updated August 2019

Seafarer details

Surname: _____

First name: _____ Date of birth: _____

Photographic I.D. _____

I.D. type and number

Eyesight and Colour Vision Results

Distance Vision	Uncorrected	Corrected
Right eye		
Left eye		
Combined		

Colour vision results	Number of errors
Ishihara test (24 or 38 plate)	

Please tick as appropriate				
Near Vision	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
Visual fields	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
Does seafarer have night blindness	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Does seafarer have significant diplopia	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Does the seafarer have evidence of serious or progressive eye disease	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Other comments:				

Name of Optometrist: _____

Business address: _____

Optometrist registration number: _____

Your signature

Sign here

Date of exam

DD / MM / YYYY